



ARIZONA DEPARTMENT OF WATER RESOURCES
Water Management Division
3550 North Central Ave, 2nd Floor
Phoenix, Arizona 85012-2105
Phone (602) 771-8500 Fax (602) 771-8689

APPLICATION FOR A RECOVERY
WELL PERMIT (§ 45-834.01)

The initial fee for an application for a Recovery Well Permit is \$1,000. Total fees for this application are based upon an hourly billable rate, which can be found on the ADWR web site @www.azwater.gov. If the costs of reviewing your application exceed \$1,000, you will be invoiced for the difference, up to a maximum total fee of \$10,000. Payment may be made by cash, check, or credit card (if you wish to pay by credit card, please contact the Groundwater Permitting Program at 602-771-8527). Checks should be made payable to the Arizona Department of Water Resources. In addition to the hourly application fee, the applicant must pay any review-related costs associated with the application and the actual cost of mailing or publishing any legal notice of the application or any notice of a pre-decision administrative hearing on the application. Review-related costs are: (1) costs associated with a pre-decision hearing on the application, such as court reporter services and facility rentals for the hearing, and (2) mileage expenses for a site visit conducted before issuing a decision on the application. **Failure to enclose the initial application fee will cause the application to be returned. Fees for an application for a Recovery Well Permit are authorized by A.R.S. § 45-871.01 and A.A.C. R12-15-103.**

FOR OFFICE USE ONLY

Application No.: 74-216385.0001

Date Received: Aug 4, 2014

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE
COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

1. Name of Applicant: Johnson Utilities, LLC

5230 E Shea Blvd, Suite 200 Scottsdale AZ 85254

Mailing Address City State Zip

Contact Person George Johnson Telephone (480) 998-3300 Fax (480) 483-7908

2. Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and subbasin where the facility will be located Pinal Active Management Area

3. Name of the owner(s) of the land where wellsites are located Johnson Utilities, LLC

Mailing Address (same as applicant)

(If more than one owner, attach a list showing corresponding land owner and well registration number(s)).

4. Legal description of the land where water will be used Johnson Utilities - Pinal Area ADWR No. 56-001538.0000

(quarter/quarter/quarter/section, township and range)

5. The recovered water will be used for municipal water distribution
6. The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. 73-211290.0000
or long-term storage account number. 70-431190.0000
7. Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

Name of Well Owner	Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Date Well Constructed
Johnson Utilities	55-569177	D(4-8)25CDC	600	1000	10	224	9/98
Johnson Utilities	55-583151	D(4-8)25CAB	360	400	8	224	5/01
Johnson Utilities	55-211602	D(4-9)19BAA	1429	770	12 3/4	1008	5/06
Johnson Utilities	55-212514	D(4-9)30BBD	1200	600	12 3/4	1203	10/06

8. Complete the following for each proposed well to be constructed.

Well Registration Number	Location: ¼, ¼, ¼, Section, Township, Range	Design Pump Capacity (GPM)	Hole Depth (Feet)	Casing Diameter (inches)	Proposed Annual Volume (Acre-feet)	Estimated Date of New Well Construction	Estimated Time Required To Complete Well

I (We), George H. Johnson, the applicant(s) named in this application, do hereby certify under the penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

(480) 998-3300

Telephone

George H. Johnson
Signature of owner or authorized agent

President

Title

5230 E Shea Blvd, Suite 200

Scottsdale

AZ

85254

Mailing Address

City

State

Zip

STATE OF ARIZONA)

County of Maricopa)

) ss.

Subscribed and sworn to before me this 10th day of July, 20 14.

Michelle E. Belaski
Notary Public

9-2-14
My commission expires:

